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Dated at Rockville, Maryland, this 7th day of October 1998.

For the Nuclear Regulatory Commission.

**L. Raghavan,**

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## NUCLEAR REGULATORY COMMISSION

### Assessment of the Use of Potassium Iodide (KI) As a Public Protective Action During Severe Reactor Accidents; Withdrawal of Draft NUREG

**AGENCY:** Nuclear Regulatory Commission.

**ACTION:** Withdrawal of draft NUREG-1633.

**SUMMARY:** On July 20, 1998, the NRC announced the availability of Draft NUREG-1633, "Assessment of the Use of Potassium iodide (KI) As a Public Protective Action During Severe Reactor Accidents," and requested comments by September 14, 1998. Based on the many useful public comments received, a substantially revised document that takes those comments into account will be issued in its place, and the draft NUREG is therefore being withdrawn.

**FOR FURTHER INFORMATION CONTACT:** Aby S. Mohseni, Incident Response Division, Office for Analysis and Evaluation of Operational Data, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001, telephone 301-415 6409, e-mail asm@nrc.gov.

**SUPPLEMENTARY INFORMATION:** On June 26, 1998, the Commission granted a petition for rulemaking on the use of KI around nuclear power plants and directed the staff to issue the draft NUREG-1633 for public comment. On September 30, 1998, the Commission directed the staff to issue a **Federal Register** notice stating that, in light of the many useful public comments on draft NUREG-1633, a substantially revised document that takes those comments into account will be issued in its place, and that the draft NUREG is therefore being withdrawn. The reissued document will include an improved discussion on how the practical

problems in KI stockpiling, distribution, and use are handled in the States that already use KI as a supplement and in the numerous nations which use KI as a supplement. A discussion, in some detail, of the various guidance documents of the World Health Organization and International Atomic Energy Agency, as well as the U.S. Food and Drug Administration, on this subject will also be included in the revised document. The revised NUREG will be consistent with the policy adopted by the Commission in response to the petition for rulemaking and will fairly discuss the factors that need to be weighed in the State and local decisions. The staff anticipates making the revised draft NUREG-1633 in its final form by September, 1999. Subsequently, the staff will develop an information brochure based on NUREG-1633 to assist State and local planners in reaching an informed decision as to whether KI is an appropriate protective supplement.

Dated at Rockville, Maryland, this 2nd day of October 1998.

For the Nuclear Regulatory Commission.

**Frank J. Congel,**

*Director, Incident Response Division, Office for Analysis and Evaluation of Operational Data.*

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## OFFICE OF MANAGEMENT AND BUDGET

### Cost of Hospital and Medical Care Treatment Furnished by the United States; Certain Rates Regarding Recovery From Tortiously Liable Third Persons

By virtue of the authority vested in the President by Section 2(a) of Pub. L. 87-693 (76 Stat. 593; 42 U.S.C.2652), and delegated to the Director of the Office of Management and Budget by Executive Order No. 11541 of July 1, 1970 (35 FR 10737), the two sets of rates outlined below are hereby established. These rates are for use in connection with the recovery, from tortiously liable third persons, of the cost of hospital and medical care and treatment furnished by the United States (part 43, chapter I, title 28, Code of Federal Regulations) through three separate Federal agencies. The rates have been established in accordance with the requirements of OMB Circular A-25, requiring reimbursement of the full cost of all

services provided. The rates are established as follows:

#### 1. Department of Defense

The FY 1999 Department of Defense (DoD) reimbursement rates for inpatient, outpatient, and other services are provided in accordance with Section 1095 of title 10, United States Code. Due to size, the sections containing the Drug Reimbursement Rates (Section III.E) and the rates for Ancillary Services Requested by Outside Providers (Section III.F) are not included in this package. The Office of the Assistant Secretary of Defense (Health Affairs) will provide these rates upon request. The medical and dental service rates in this package (including the rates for ancillary services, prescription drugs or other procedures requested by outside providers) are effective October 1, 1998.

#### 2. Health and Human Services

The sum of obligations for each cost center providing medical service is broken down into amounts attributable to inpatient care on the basis of the proportion of staff devoted to each cost center. Total inpatient costs and outpatient costs thus determined are divided by the relevant workload statistic (inpatient day, outpatient visit) to produce the inpatient and outpatient rates. In calculation of the rates, the Department's unfunded retirement liability cost and capital and equipment depreciation cost were incorporated to conform to requirements set forth in OMB Circular A-25. In addition, each cost center's obligations include obligations from certain other accounts, such as Medicare and Medicaid collections and Contract Health funds that were used to support direct program operations. Certain cost centers that primarily support workload outside of the directly operated hospitals or clinics (public health nursing, public health nutrition, health education) were excluded. These obligations are not a part of the traditional cost of hospital operations and do not contribute directly to the inpatient and outpatient visit workload. Overall, these rates reflect a more accurate indication of the cost of care in HHS facilities.

In addition, separate rates per inpatient day and outpatient visit were computed for Alaska and the rest of the United States. This gives proper weight to the higher cost of operating medical facilities in Alaska.

#### 1. Department of Defense

For the Department of Defense, effective October 1, 1998 and thereafter: